

PSJ3

Exhibit 116

**Endo Pharmaceuticals Inc.**

PER # 02029

Request for Educational Grant Payment

Initiator: Linda Kitlinski, Ext. 156
 Title: Clinical Development and Education Manager

Therapeutic Category: Pain Management

cc: Legal

Institution/OrganizationProgram:

Name: American Academy of Pain Medicine
 Attn: Kathryn Checea
 Address: 4700 W. Lake Avenue
 Glenview, IL 60025-1485

Scientific/Educational
 Activity:

Tax ID: 36-3874208

Location:

Coordinator:

Number of Talks: 26

Name: Kathryn Checea

Title: American Academy of Pain Medicine

Type:

Phone: (847) 375-4731

Fax: (847) 375-4777

Check payable to: American Academy of Pain Medicine

Audience Size:

Notes: CME agreement attached. Please process at
 earliest convenience. Meeting 2/11-2/14/99.

Composition:

| Expenses: | Hotel: | Meals: | Ground: | Air: | Other: | Total: |
|------------|--------|--------|---------|------|--------|--------|
| Estimated: | | | | | | |
| Actual: | | | | | | |

Explanation: No expenses – unrestricted educational grant only.

| Payments: | Estimated: | Actual: | Pay Date: | Invoice #: |
|-----------|-----------------|-------------|-----------|------------|
| Grant: | \$10,000.00 | \$10,000.00 | | |
| | Total Payments: | \$10,000.00 | | |

Funding Sources: Charge Code: 633001-400

Total Funding: \$10,000.00

Dennis W. Gardner _____

Louis J. Vollmer _____

Carol A. Ammon _____

Jeffrey R. Black _____